

EXHIBIT C

Illinois Registration



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 21, 2000

0049800-9

HIQ CORPORATE SERVICES, INC.
1 W OLD STATE CAPITOL PLZ #805
SPRINGFIELD, IL 62701-0000

RE ARBROS COMMUNICATIONS LICENSING COMPANY CENTRAL, L.L.C.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE (217)524-8008

JW:LLC

(2)

Form **LLC-45.5**

January 1999

Jesse White
 Secretary of State
 Department of Business Services
 Limited Liability Company Division
 Room 359, Howlett Building
 Springfield, IL 62756
 http://www.sos.state.il.us

Payment must be made by certified
 check, cashier's check, Illinois attorney's
 C.P.A.'s check or money order, payable
 to "Secretary of State."

Illinois Limited Liability Company Act

Application for Admission to Transact Business

Submit in Duplicate

Must be typewritten

This space for use by Secretary of State

Date 12-21-00
 Assigned File # 0049-800-9
 Filing Fee \$400
 Penalty \$
 Approved: JB \$

This space for use by
 Secretary of State**FILED**

DEC 21 2000

**JESSE WHITE
 SECRETARY OF STATE**

- Limited Liability Company name: ARBROS COMMUNICATIONS LICENSING COMPANY CENTRAL, L.L.C.
(Must comply with Section 1-10 of ILLCA or article 2 below applies.)
 - The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is: _____
(If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this application.)
 - Federal Employer Identification Number (F.E.I.N.): APPLIED FOR
 - Jurisdiction of Organization: DELAWARE
 - Date of Organization: 8/24/2000
 - Period of Duration: Perpetual
(See #14 on back)
 - The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):

1100 WAYNE AVENUE, 8TH FLOOR
(Number) (Street) (Suite)

SILVER SPRING MD 20910
(City/State) (ZIP Code) (County)
 - Registered Agent: HIQ CORPORATE SERVICES, INC.
(First Name) (Middle Name) (Last Name)
- Registered Office: ONE WEST OLD STATE CAPITOL PLAZA, SUITE 805
(Number) (Street) (Suite #)
- (P.O. Box or c/o SPRINGFIELD SANGAMON 62701
 are unacceptable) *(City) (County) (ZIP Code)*
- The date on which this foreign LLC first did business in Illinois: UPON ACCEPTANCE

LLC-45.5

10. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

Telecommunications services provider
513300

2000R45929

12-28-2000 11:20 AM

SANGAMON COUNTY
ILLINOIS

22.00
2 BREDA

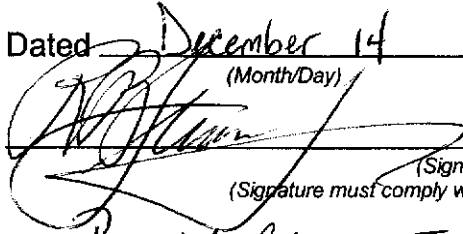
MARY ANN LAMM
SANGAMON COUNTY RECORDER

11. The limited liability company is managed by:

☐ manager(s)
☒ vested in member(s)

12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.
13. This application is accompanied by a certificate of good standing or existence, as well as a copy of the Articles of Organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.
14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.
15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true correct and complete.

Dated December 14, 2000
(Month/Day) (Year)


(Signature)
(Signature must comply with Section 5-45 of ILLCA)

Russell B. Stevenson Jr. Member
(Type or print name and title)

*(If applicant is a company or other entity, state name or company and indicate whether it is a member or manager of the LLC.)

RTN: Faxxon Legal Information
Myers Bldg Ste 805
1 W Old Capitol Plaza
Spfld IL 62701

000215

*Please refer to Sections 178.20(d) and (e) of the Administrative Rules

Form **LLC-45.5**

January 1999

**Illinois
Limited Liability Company Act**This space for use by
Secretary of State**Application for Admission to Transact Business**

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
http://www.sos.state.il.us

Submit in Duplicate

Must be typewritten

This space for use by Secretary of State

Payment must be made by certified
check, cashier's check, Illinois attorney's
C.P.A.'s check or money order, payable
to "Secretary of State."

Date _____
Assigned File # _____
Filing Fee \$400
Penalty \$ _____
Approved: \$ _____

1. Limited Liability Company name: **ARBROS COMMUNICATIONS LICENSING COMPANY CENTRAL, L.L.C.**
(Must comply with Section 1-10 of ILLCA or article 2 below applies.)
2. The assumed name, other than the true company name, under which the LLC proposes to trans
business in Illinois is: _____
(If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this applicati
3. Federal Employer Identification Number (F.E.I.N.): **APPLIED FOR**
4. Jurisdiction of Organization: **DELAWARE**
5. Date of Organization: **8/24/2000**
6. Period of Duration: **50 YEARS**
(See #14 on back)
7. The address, including county, of the office required to be maintained in the jurisdiction of its organization,
or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):

1100 WAYNE AVENUE, 8TH FLOOR
(Number) (Street) (Suite)

SILVER SPRING MD 20910
(City/State) (ZIP Code) (County)

8. Registered Agent: **HIQ CORPORATE SERVICES, INC.**
(First Name) (Middle Name) (Last Name)

Registered Office: **ONE WEST OLD STATE CAPITOL PLAZA, SUITE 805**
(Number) (Street) (Suite #)

(P.O. Box or c/o **SPRINGFIELD SANGAMON 62701**
are unacceptable) (City) (County) (ZIP Code)
9. The date on which this foreign LLC first did business in Illinois: **UPON ACCEPTANCE**

LLC-45.5

10. The purpose or purposes for which the company is organized and proposes to conduct in this Include the business code # (IRS Form 1065).

Telecommunications services provider
513300

11. The limited liability company is managed by:

☐ manager(s)
☒ vested in member(s)

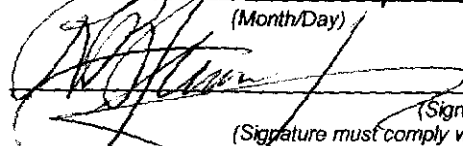
12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for serv of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.

13. This application is accompanied by a certificate of good standing or existence, as well as copy of the Articles of Organization, as amended, duly authenticated within the last thirty (3 days, by the officer of the state or country wherein the LLC is formed.

14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.

15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true correct and complete.

Dated December 14, 2000
(Month/Day) (Year)


(Signature)
(Signature must comply with Section 5-45 of ILLCA)

Russell B. Stevenson Jr., Executive Vice President
(Type or print name and title)

Ablos Communications, Inc. Member

*(If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)